

Please complete this form and return it to the City of Burnaby Renters Office via email or mail:

<p><b>Mail</b> City of Burnaby c/o Renters Office Planning Department 4949 Canada Way Burnaby, BC V5G 1M2</p>	<p><b>Email</b> <a href="mailto:rentersoffice@burnaby.ca">rentersoffice@burnaby.ca</a></p> <p><i>Please note: Email is not a secure medium. Any message or attachment you send by email may be intercepted and read by someone else. By using email, you accept the risk of access to personal information by unauthorized persons during transmission. The City of Burnaby accepts no responsibility for messages or attachments sent by email until they are received by the City.</i></p>
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To receive your eligible benefits in a timely manner, please complete, sign and return this form to the Renters Office by:

**Have questions or need help?** If you have any questions or need help with this form, please contact the Renters Office at [rentersoffice@burnaby.ca](mailto:rentersoffice@burnaby.ca) or 604-294-7750; or, your Tenant Relocation Coordinator(s) at

<b>STEP 1: REVIEW</b>	Please review the City of Burnaby's <a href="#">Tenant Assistance Policy</a> and this form to understand the assistance options available to your household. It is important to review the Tenant Assistance Policy in full, as it contains additional details.
<b>STEP 2: COMPLETE</b>	Please review and/or fill out sections 1 – 9, if applicable, to the best of your ability. If you were previously compensated through any version of the Tenant Assistance Policy, please skip sections 5 and 6.
<b>STEP 3: SUBMIT</b>	Please return the completed form to the Renters Office by the date specified above. Note that you may change your selected options after you submit the form, up to deadlines indicated in the Tenant Assistance Policy. You are responsible for reviewing the deadlines and communicating any such changes with the Renters Office and your Tenant Relocation Coordinator.
<b>STEP 4: CONFIRM</b>	City staff and the Rezoning Applicant will confirm receipt of this form and let you know if any information is missing.

### Why Am I Receiving This Form?

You have been provided this form because the City of Burnaby (the City, Burnaby) received a rezoning application to redevelop or renovate the building in which you live or previously lived, and your household is eligible for assistance under the Tenant Assistance Policy. For more information, please visit: [www.burnaby.ca/rentersoffice](http://www.burnaby.ca/rentersoffice).

This form is used to collect basic information about your household and identify your preferred types of assistance. Completing this form does not create any obligation on the part of the City to provide Tenant Assistance Policy benefits, nor does it establish a contractual agreement between you and the City. The City will share the information you provide with the Rezoning Applicant, who is responsible for assisting your household as outlined in the Tenant Assistance Policy, including providing financial compensation and/or right of first refusal for a replacement rental unit in the redeveloped or renovated building to eligible households. The City will also share the information with the Tenant Relocation Coordinator(s), who is responsible for coordinating compensation and assisting your household in the relocation process. Please read the Tenant Assistance Policy, Privacy Notice and Privacy Consent at the end of this form carefully before you sign this form.

**PLEASE NOTE:** Receiving this form does not mean you have to move. You are not required to move unless you receive a Four Month Notice to End Tenancy for Demolition, Renovation, Repair or Conversion of Rental Unit, which is the formal notice to end tenancy as per the provincial Residential Tenancy Act. In most cases, this is issued towards the end of a rezoning process, which can take several years.

## SECTION 1: REZONING PROJECT INFORMATION

This section to be completed by the Rezoning Applicant

APPLICANT COMPANY		REZONING NUMBER	
APPLICANT CONTACT PERSON		TELEPHONE NUMBER	EMAIL
TENANT RELOCATION COORDINATOR NAME(S)		TELEPHONE NUMBER	EMAIL

## SECTION 2: ELIGIBILITY INFORMATION

For office use only

HOUSEHOLD ELIGIBLE FOR	
Full benefits (compensation and replacement unit)	Replacement unit only (previously compensated)
Replacement unit only (other reason)	
COMMENTS	

## SECTION 3: HOUSEHOLD DETAILS

<b>1. CURRENT RENTAL UNIT</b>			
The current rental unit is the unit that is or was affected by the renovation or redevelopment at the rezoning site.			
UNIT NUMBER	BUILDING ADDRESS	CITY	POSTAL CODE
CURRENT MONTHLY RENT	TENANCY START DATE	NUMBER OF BEDROOMS	
		Studio	1-bedroom    2-bedroom    3-bedroom+
UTILITIES INCLUDED IN RENT		AMOUNT OF SECURITY DEPOSIT PAID	
N/A	Heat    Hot Water		
PETS PERMITTED ON LEASE?	IF YES, NUMBER AND TYPE / BREED	AMOUNT OF PET SECURITY DEPOSIT PAID	
No    Yes			
SIGNATURE OF TRC			

<b>2. DESIGNATED TENANT OR REPRESENTATIVE</b>		
The designated tenant or representative will be the primary contact for the City, Tenant Relocation Coordinator and Rezoning Applicant. This person does not have to be living in the unit and is not necessarily who will receive compensation.		
I am the designated tenant		
I am the tenant's designated representative – relationship:		
FIRST NAME	LAST NAME	
MAILING ADDRESS (IF DIFFERENT FROM CURRENT ADDRESS)	CITY	POSTAL CODE
TELEPHONE	EMAIL	

### 3. INDIVIDUALS LIVING IN CURRENT RENTAL UNIT

Please provide the legal name and birthdates of all members in the household listed on the written tenancy agreement AND living in the units on

*If your household does not have a written tenancy agreement, please provide the legal name and birthdates of all persons aged 15 and older living in the unit. We use birthdates only for identification purposes (e.g., if two people have the same name).*

#### TENANT #1

FIRST NAME		MIDDLE NAME(S)	LAST NAME
DATE OF BIRTH	PHONE NUMBER	EMAIL	LISTED ON TENANCY AGREEMENT? Yes      No

RELATIONSHIP  
 Tenant Completing Form    Partner    Family Member    Roommate    Other:

#### TENANT #2

FIRST NAME		MIDDLE NAME(S)	LAST NAME
DATE OF BIRTH	PHONE NUMBER	EMAIL	LISTED ON TENANCY AGREEMENT? Yes      No

RELATIONSHIP  
 Partner    Family Member    Roommate    Other:

#### TENANT #3

FIRST NAME		MIDDLE NAME(S)	LAST NAME
DATE OF BIRTH	PHONE NUMBER	EMAIL	LISTED ON TENANCY AGREEMENT? Yes      No

RELATIONSHIP  
 Partner    Family Member    Roommate    Other:

#### TENANT #4

FIRST NAME		MIDDLE NAME(S)	LAST NAME
DATE OF BIRTH	PHONE NUMBER	EMAIL	LISTED ON TENANCY AGREEMENT? Yes      No

RELATIONSHIP  
 Partner    Family Member    Roommate    Other:

#### TENANT #5

FIRST NAME		MIDDLE NAME(S)	LAST NAME
DATE OF BIRTH	PHONE NUMBER	EMAIL	LISTED ON TENANCY AGREEMENT? Yes      No

RELATIONSHIP  
 Partner    Family Member    Roommate    Other:

**4. ELIGIBILITY DETAILS**

Households who were previously compensated under any version of the City's Tenant Assistance Policy are not eligible for financial compensation again, but may be eligible for a replacement unit. The Renters Office will determine eligibility if anyone in your household has been previously compensated.

HAS ANY MEMBER OF THIS HOUSEHOLD ALREADY RECEIVED FINANCIAL COMPENSATION FOR THIS SITE, OR FOR ANOTHER REDEVELOPMENT SITE IN BURNABY?

Yes (if yes, please complete this section then skip ahead to #7)

No

NAME(S) OF TENANT(S) THAT RECEIVED COMPENSATION:

ADDRESS(ES) OF REDEVELOPMENT SITE(S) WHERE FINANCIAL COMPENSATION WAS PROVIDED (IF APPLICABLE):

UNIT NUMBER	BUILDING ADDRESS	CITY	POSTAL CODE
UNIT NUMBER	BUILDING ADDRESS	CITY	POSTAL CODE

**5. HOUSEHOLD FINANCIAL COMPENSATION**

Please select **ONE** of the three options for financial compensation outlined in this section. Note: all options include moving compensation and the right of first refusal for a replacement rental unit in the redeveloped building.

**1. RENT TOP-UP IN INTERIM HOUSING SECURED BY THE REZONING APPLICANT**

If you select this option, the Tenant Relocation Coordinator is responsible for finding your household at least three rental unit options in Burnaby when possible, (or in other Metro Vancouver municipalities, if you choose) with the same number of bedrooms as you have now. You will be able to apply for tenancy in these options. If accepted, this will be the interim housing unit you will live in while the redevelopment or renovation is underway. *Please note that the Rezoning Applicant/TRC cannot require a landlord to accept you as a tenant; you will need to apply and be accepted by the landlord.*

You will pay the same amount of rent for the interim unit as you pay for your current unit. The Rezoning Applicant is responsible for paying any difference in rent by providing a monthly rent top-up, plus additional security and/or damage deposits required for the interim unit and a heat and/or hot water supplement if it is currently included in your rent but not in rent for the interim unit. You must return any additional deposits at the end of interim tenancy. Any future allowable rent increase(s), as permitted by the Residential Tenancy Act, will be split between your household and the rezoning applicant, based on the proportion of rent paid by each party for the interim unit.

ISSUE MONTHLY RENT TOP-UP TO:

Tenant Name:

Landlord (or interim rental unit)

PREFERRED METHOD OF PAYMENT:	
Cheque	Other:
PLEASE INDICATE WHERE YOU WOULD LIKE YOUR INTERIM HOUSING TO BE LOCATED:	
Burnaby	Certain Burnaby neighbourhood(s) – please specify:
Other – please specify:	
PLEASE DESCRIBE ANY HOUSEHOLD NEEDS THAT SHOULD BE CONSIDERED FOR INTERIM HOUSING (E.G. PROXIMITY TO TRANSIT, SCHOOLS, ETC.):	

**2. RENT TOP-UP IN INTERIM HOUSING SECURED BY THE TENANT**

If you select this option, you are responsible for finding your own housing to live in while the redevelopment or renovation is underway and will be provided a rent top-up to cover cost differences. Housing may be anywhere within BC to qualify for rent top-up. In this housing option, you are entitled to receive a monthly rent top-up from the Rezoning Applicant to the greater of:

(CMHC median rent + 30%) – your latest monthly rent

OR

Your latest monthly rent x 15%

(This is a summary of the calculation used. For full details, please see the Tenant Assistance Policy and/or the Tenant Assistance Policy Implementation Guide.)

Any future allowable rent increases (as permitted by the Residential Tenancy Act) will be split between your household and the Rezoning Applicant, based on the proportion of rent paid by each party for the interim housing.

ISSUE MONTHLY RENT TOP-UP TO:	
Tenant Name:	Landlord (or interim rental unit)

PREFERRED METHOD OF PAYMENT:	
Cheque	Other:

NEW ADDRESS, IF KNOWN	CITY	PROVINCE	POSTAL CODE

**3. LUMP SUM COMPENSATION**

Select this option if you would like to request a one-time lump sum compensation instead of monthly rent top-ups. The lump sum payment will be an amount equal to the greater of:

$$[(\text{CMHC median rent} + 30\%) - \text{your latest monthly rent}] \times 36$$

OR

$$(\text{Your latest monthly rent} \times 15\%) \times 36$$

(This is a summary of the calculation used. For full details, please see the Tenant Assistance Policy and/or the Tenant Assistance Policy Implementation Guide.)

*Please note that once the lump sum payment has been made, you cannot switch back to monthly rent top-ups.*

If opting for the lump sum compensation, the designated tenant is required to split the amount paid equally to all eligible tenants listed on the written tenancy agreement or tenants who resided in the unit on the eligibility date.

**ISSUE LUMP SUM TO:**

Tenant Name:

**PREFERRED METHOD OF PAYMENT:**

Cheque

Other:

NEW ADDRESS, IF KNOWN	CITY	PROVINCE	COUNTRY	POSTAL CODE
MAILING ADDRESS FOR PAYMENT, IF DIFFERENT	CITY	PROVINCE	COUNTRY	POSTAL CODE

**6. HOUSEHOLD MOVING COMPENSATION**

*Please select ONE of the two options for moving compensation outlined in this section. Your selected option will apply to the move out of your current unit into your interim unit. If you choose to move into a replacement unit once available, you will be offered the option to select moving compensation again, through a Moving Compensation for Returning Tenants Form.*

**1. MOVING COMPANY ARRANGED BY REZONING APPLICANT**

If you select this option, the Rezoning Applicant is responsible for arranging and paying for an insured moving company to help you move to your interim unit. This option is only available if you are moving within Metro Vancouver. The Rezoning Applicant is also responsible for providing packing supplies, if requested. If you have mobility impairments and require assistance to pack your belongings, you may request it.

Please note that a minimum of 10 days notice is required to switch to this option if the Four Month Notice to End Tenancy has been served. A minimum of one full month's notice is required to switch to this option if the Four Month Notice to End Tenancy has not been served.

DO YOU REQUIRE ANY EXTRA SUPPORT TO ASSIST YOU THROUGH THE RELOCATION PROCESS?

Yes      No

IF YES, PROVIDE DETAILS BELOW (E.G. PACKING ASSISTANCE DUE TO A PHYSICAL DISABILITY, ETC.):

**2. FLAT-RATE PAYMENT BASED ON CURRENT NUMBER OF BEDROOMS**

If you select this option, your household is responsible for arranging the move and the Rezoning Applicant will provide flat-rate moving compensation based on the current number of bedrooms in your current rental unit, as follows:

- Studio or one-bedroom: \$900
- Two-bedroom: \$1,200
- Three-bedroom+: \$1,400

If you select this option, please notify your Tenant Relocation Coordinator as soon as possible so that payment can be arranged in a timely manner. This option cannot be selected if you have previously requested a moving company arranged by the Rezoning Applicant.

ISSUE FLAT-RATE PAYMENT TO:

Tenant Name:

PREFERRED METHOD OF PAYMENT:

Cheque      Other:

**7. REPLACEMENT RENTAL UNIT**

DO YOU HAVE ACCESSIBLE DESIGN CONSIDERATIONS FOR THE RENTAL REPLACEMENT UNIT RELATED TO MOBILITY CHALLENGES, HEARING OR VISUAL IMPAIRMENT, ETC.? (E.G. NEED GRAB BARS, WHEELCHAIR TURNING RADIUS, STROBE FIRE ALARM ETC.)

Yes      No

IF YES, PLEASE DESCRIBE:

Rezoning Applicants who redevelop existing rental buildings are required to replace these rental units and offer them to tenants who had to relocate due to the redevelopment process. If eligible, you will be offered right of first refusal for a replacement rental unit at the same rent you pay now, plus any rent increases (as permitted by the Residential Tenancy Act) that would have taken place between when you moved out and when you can move back into the replacement rental unit. The replacement unit will have the same number of bedrooms as the unit that was affected by the redevelopment.

If you have a physical disability and require the replacement unit to be accessible or adapted to meet your needs, please specify below. We recognize this may change over time, but providing early information can help the Rezoning Applicant and any housing operators accommodate your needs.

Some replacement rental units may be operated by a non-profit housing provider with eligibility criteria, such as income, for tenants to qualify to live in the units. If you meet the eligibility criteria, you may apply to the non-profit operator to live in one of these units, which may have rents lower than what you pay now. If you do not qualify or are not allocated one of these units, you will still be offered a replacement rental unit in the building as described above.

Adaptations to units will only be accommodated for persons with disabilities and made accessible in accordance with the BC Building Code. The BC Building Code defines persons with disabilities as “persons who have a permanent or temporary physical, mental, intellectual or sensory impairment which, in interaction with various barriers, may hinder their full and effective participation in society on an equal basis with others.” Access or accessible is defined as “an area and its facilities, or both... which is easy to approach, enter, exit, operate, participate in, pass to and from, and use safely and independently by persons with disabilities.” Unit modifications requested due to personal preferences will not be accommodated.

If there is a subsidy that the Rezoning Applicant can access to offset the cost of making the unit accessible, you will be required to provide personal information to support the subsidy’s application.

**PLEASE NOTE:** *The City’s policies ensure that Rezoning Applicants offer right of first refusal for replacement units with the same number of bedrooms to eligible tenants. The City’s policies do not cover the specifics of unit allocation (i.e., which units are allocated to which tenants).*

## **8. PRIVACY NOTICE — READ THIS CAREFULLY**

Personal information collected on this form is being collected by the City for the purpose of administering its Tenant Assistance Policy, including determining eligible benefits for your household and providing compensation. The personal information on this form is also being collected by the Rezoning Applicant, and its representatives or contractors, for the purposes of administering the Tenant Assistance Policy. If personal information is not provided, benefits cannot be considered or provided. Aggregated information may also be used to evaluate the Tenant Assistance Policy and develop policy in this area.

The authority for the City’s collection of personal information is section 26(c) of the *Freedom of Information and Protection of Privacy Act (FIPPA)*. Personal information may be used and disclosed in accordance with Part 3 of *FIPPA*.

By signing below, those named above in this form consent to the City collecting personal information from the Rezoning Applicant, its contractors or agents for the above purposes, with no obligation for the City to notify them of any such indirect collection.

By signing below, those named above in this form consent to the Rezoning Applicant collecting, using and disclosing their personal information under the *Personal Information Protection Act (PIPA)* for the purpose of administering and implementing the Tenant Assistance Policy, including providing compensation, and as otherwise permitted under *PIPA*.

Any questions about the City’s collection, use or disclosure of personal information can be directed to:

Freedom of Information (FOI), Legislative Services  
City of Burnaby, 4949 Canada Way, Burnaby, BC V5G 1M2

[FOI@burnaby.ca](mailto:FOI@burnaby.ca)

604-294-7290



Any questions about the Rezoning Applicant's collection, use or disclosure of personal information must be directed to the Rezoning Applicant or their assigned Tenant Relocation Coordinator(s).

**9. CONSENT AND CERTIFICATION— READ THIS CAREFULLY**

Each of the individuals named above understands and agrees as follows:

1. The City will determine eligibility for assistance under the City's Tenant Assistance Policy;
2. If complete and accurate information is not provided, or benefits under the Tenant Assistance Policy are obtained, or attempted to be obtained, by fraudulent means, tenant assistance and compensation will be denied;
3. All information provided in this form or provided at any time for Tenant Assistance Policy purposes is subject to audit and verification and all individuals named above agree to cooperate with any audit or verification, including by providing upon request any documentation or information that the City considers necessary for that purpose;
4. If assistance or compensation is received under the Tenant Assistance Policy and it is discovered that any individual named above is not eligible due to a misrepresentation or omissions, the individuals in question may be required to repay some or all of the monies received to the Rezoning Applicant or the rightful eligible tenant;
5. It is the sole responsibility of each individual named on this form to make sure the information on this form, and any information provided at any time, is accurate and complete; and,
6. It is the sole responsibility of each individual named on this form to keep the Rezoning Applicant and City informed of any updates or corrections to information, including contact information and interim housing arrangement information.

I understand, certify, agree and consent as follows:

1. All information provided on this form is complete and accurate, and it is my responsibility to advise the City of Burnaby and rezoning applicant immediately if there is any change in or correction to information in this form;
2. In the case of an individual in the household who is a minor, I am authorized to represent that individual for the purposes of FIPPA, and that this authority applies if I later provide more personal information or correct their personal information;
3. I have read the above Privacy Notice and consent to the City and Rezoning Applicant collecting, using and disclosing the personal information provided on this form, and any personal information later provided, for any of the purposes set out in the Privacy Notice;
4. I consent to the Rezoning Applicant indirectly disclosing to the City, and to the City collecting and using, for the purposes set out in the above Privacy Notice, personal information that the Rezoning Applicant otherwise collects or compiles for any of the purposes set out in the above Privacy Notice; and,
5. I consent and agree that personal information, and any other information, obtained by the City or the Rezoning Applicant on this form, or otherwise, may be used or disclosed by them, or their representatives or service providers, for any of the purposes set out in the above Privacy Notice, and also for the purposes of verifying or investigating information related to eligibility, or the collection of any money that becomes due by me or any individual named above as a result of incorrect or incomplete information provided on this form or otherwise.

ALL PERSONS AGED 15 AND OLDER LIVING IN THE UNIT ON		MUST SIGN.
FULL LEGAL NAME	SIGNATURE	DATE
OR IF SUBMITTING BY EMAIL, CHECK THIS BOX TO CONSTITUTE A LEGAL SIGNATURE		
FULL LEGAL NAME	SIGNATURE	DATE
OR IF SUBMITTING BY EMAIL, CHECK THIS BOX TO CONSTITUTE A LEGAL SIGNATURE		
FULL LEGAL NAME	SIGNATURE	DATE
OR IF SUBMITTING BY EMAIL, CHECK THIS BOX TO CONSTITUTE A LEGAL SIGNATURE		
FULL LEGAL NAME	SIGNATURE	DATE
OR IF SUBMITTING BY EMAIL, CHECK THIS BOX TO CONSTITUTE A LEGAL SIGNATURE		
FULL LEGAL NAME	SIGNATURE	DATE
OR IF SUBMITTING BY EMAIL, CHECK THIS BOX TO CONSTITUTE A LEGAL SIGNATURE		

If you need to change any information in this form, including your contact information, please contact the Renters Office at [rentersoffice@burnaby.ca](mailto:rentersoffice@burnaby.ca) or 604-294-7750 and your Tenant Relocation Coordinator(s).